

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037252

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

VS 300
Rev. 4/59

14002

240092

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED OCT 11 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Clayton

Length of stay in 1b

D.O.A.

c. FULL NAME OF (If NOT in hospital, give location)

St. Louis County Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY

OR

TOWN

Ferguson, Missouri

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

155 Adele Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Nebraska

Middle

NMI

Last

Webb

4. DATE OF DEATH

Month October

Day

3

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/22/24

9. AGE (last birthday)

38 Yrs.

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10b. KIND OF BUSINESS OR INDUSTRY

Tires

11. BIRTHPLACE (City and state or country)

Bandana, Kentucky

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Oscar Webb

13b. MOTHER'S MAIDEN NAME

Birdie Jones

14. NAME OF HUSBAND OR WIFE

Elizabeth Catherine Schmitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Elizabeth C. Webb - Ferguson, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Asphyxia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause - last.

DUE TO (b)

Aspiration of Gastric Contents

DUE TO (c)

Alcoholism

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Aspiration of gastric contents

20c. TIME OF INJURY

Hour 3:15 a.m. Month, Day, Year 10/3/62

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

kitchen of home

20f. CITY, TOWN, OR LOCATION

Ferguson

COUNTY

St. Louis

STATE

Missouri

21. I attended the deceased from _____, to _____ and last saw her alive on _____

Death occurred at DOA at 8:57 AM _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Raymond L. Harris

22b. ADDRESS

Coroner Clayton, Missouri

22c. DATE SIGNED

10/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/5/62

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

White-Mullen Mortuary Ferguson, Mo.

25. DATE RECD. BY LOCAL REG.

10-4-62

26. REGISTRAR'S SIGNATURE

John C. Murphy Md.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Reinhold F. Lehman

Licensed Embalmer No.

3395

P. O. Address

St Louis 35 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

+ If this body is not embalmed, fact should be so stated above.